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Bib Data Sheet

CONFIRMATION NO. 1076

SERIAL NUMBER 10/707,077	FILING DATE 11/19/2003 RULE	CLASS 273	GROUP ART UNIT 3711	ATTORNEY DOCKET NO. P03-13
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APPLICANTS

Troy Donald Horning, Richfield, PA;

** CONTINUING DATA ***** *me*** FOREIGN APPLICATIONS ***** *me*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 02/17/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY PA	SHEETS DRAWING 1	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

25759
 JOHN J. ELNITSKI, JR.
 225 A SNOWBIRD LANE
 BELLEFONTE, PA
 16823

TITLE

[CASINO CARD GAME]

FILING FEE RECEIVED 394	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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